MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/980,223

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		2				
5		2				
6	1					
7		2				
8		2				
9		2				
10		2				
11		2				
12			1			
13			1			
14			1			
15				1		
16				2		
17				2		
18			1			
19				2		
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			35			
TOTAL CLAIMS			38			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						